Freya Stark, who is always interesting and whose descriptions of native life and architecture are fascinating and picturesque. But even this intrepid traveller is inclined to stress the poetical side of her experiences, and to leave out the realities of smell and dirt. For dirty and smelly Arabia is.

The villages have no drainage or sanitation; garbage and offal are thrown on a heap outside the houses, or on the sea-shore, there to be removed in time by those voracious scavengers, the vultures and kites. It is a common experience to see the carcases of donkeys and other livestock lying on the shore, swollen and covered with flies, decaying under the hot sun. The stench within half a mile of an Arab village is simply appalling; one would be truthful if unkind to describe the Arab as having no prejudices against filth. In their persons the lower classes are extremely dirty by European standards, although they can scarcely be blamed for not taking baths, since water invariably has to be carried for several miles from the wells on the backs of donkeys and is, consequently, expensive. The Arab workers are very poorly paid, and prefer to spend their small earnings on food for their families, and the rare luxuries in which they indulge. The current belief that the Arabs 'wash' themselves in the sand is an anomaly. According to the Koran they are supposed to carry out a certain number of ablutions during the year, especially during the fast of Ramadan and the anniversary of the Prophet's death. As water is scarce, they obey the Holy Book by making a token ablution with sand. Anyone familiar with the grimy grey sand one finds in the vicinity of a village will realize that, used as a 'cleansing' agent, it probably contributes to the sores and skin infections from which so many of them suffer.

Another serious cause of infection are the flies, which breed in that climate on a scale to be observed nowhere else in the world. I have seen a plate of fresh dates carried a few yards from one room to another across an open courtyard. By the time it reached the second room it would be covered with a mass of flies at least two inches deep. Incredible to the insect-free European, this must be seen to be believed. Yet the Arab would not think of cleansing food that had been thus contaminated. He nonchalantly sweeps away the flies with his sleeve and proceeds to masticate the polluted mess with relish.

Apart from the piles of offal and refuse which are a feature of every village, another inducement to flies are the windowless shops

361 coco-nut trees grow down to the shore on either side of the creek, on the southern side of which is a palm-mat 'summer palace' belonging to the Sheikh of Ras-al-Khaimah, now used to house a discarded wife. The town is divided by the creek into two sections—Dubai proper, where the merchants and wealthier classes live, and Dera, the fishermen's quarter. We made for the latter and moored alongside a primitive wooden jetty beside which large pearling dhows were undergoing a careen.

342 The streets of Dera are filthy in the extreme, the inhabitants living in hovels roofed with palm-matting supported by wooden joists. The only presentable house was the coral and mortar residence of Ali, the Anglo-Persian Company's agent in Dubai; we stopped here for a few minutes and had a cup of tea made with 438 condensed milk. The Arabs, whose chief occupation is pearl 164 diving, fishing, shipbuilding and wool-weaving, were ragged and unkempt; many had sores on their legs and arms, and appeared to be suffering from eye infections. Many of the children were 364 badly pock-marked. The stench of refuse, stale fish, camel dung and rotting food was unbearable, and attracted clouds of flies.

144 One noticed a variety of racial types. The Omani Arabs predominated, but one saw also fair-skinned Persians, Bedouins, Sunussi, and negroid types who were obviously ex-slaves. Many of the Arabs, thin-bearded men with hawk-like noses, looked more 443 villainous than any I have seen. We strolled through the bazaar, but the shops were small and untidy and displayed goods of inferior quality. In several of the shops I noticed ancient iron safes, gaudily painted, which were of English manufacture and had obviously 159 been taken from merchantmen by the pirates. There is little doubt that most of the inhabitants of Dera, a vicious, sullen crowd, would gladly have returned to piracy had they been given half a chance.

142 In contrast to their cruel, sardonic faces around us, I was struck by the beauty of some of the children who swarmed at our side, feeling our clothes and touching our hands. A little girl of nine or ten attracted my attention; her perfectly formed features, luminous brown eyes and Grecian lips made me sigh for a pencil and sketchbook. The little boys were delightful creatures too, with laughing eyes and white, even teeth.

363 The streets were extremely dark, with high walls on one side and palm-matting completely covering them like a roof, whilst 443 the 'road' was a quagmire of mud and camel dung. Six shops out of every ten exhibited panniers of dried fruits and cereals, figs,

let, and milk are staple articles of diet, and may be supplemented by fish, meat and vegetables, depending upon the resources of the individual families.

Although trails link the principal towns of Trucial Oman and Muscat, coastwise dhow traffic forms the chief means of communication. Steamers from Indian to Persian Gulf ports call irregularly at Dibai and Sharja. A flying boat station and an airport are located at Dibai and Sharja, respectively, and are used occasionally by commercial airlines.

ENVIRONMENT AND SANITATION

Water is scarce throughout most of this region. Supplies for domestic and irrigation purposes are obtained from springs, wells and rain-water cisterns, but underground sources are unreliable, except in limited areas north of Dibai. Artesian waters are found chiefly in the vicinity of Sharja. The western part of the territory is particularly arid: water for Abu Dhabi is transported by boat from Dibai.

The standards of sanitation are generally low. The methods of sewage disposal are primitive, and, although latrines are employed in the towns, indiscriminate pollution of the soil is a widespread practice.

The insects and the animals of medical importance native to Trucial Oman are comparable with those encountered under similar environmental conditions along the eastern coast of Arabia. Few entomologic studies have been recorded, but *Anopheles culicifacies* is known to be present, and is regarded as the principal vector of malaria. It breeds prolifically in wells, cisterns and irrigation ditches. *A. stephensi* also has been identified at Khor al Kalba, and is probably a vector in some localities. Flies are plentiful in towns and villages, and several species undoubtedly are implicated in the transmission of intestinal and eye infections.

HEALTH SERVICES AND MEDICAL FACILITIES

Public health services are almost non-

existent. The local governments in Sharja and Dibai assume responsibility for the maintenance of quarantine stations under the supervision of the quarantine medical officer stationed at the British Residency for the Persian Gulf, at Bahrain. 744

There are few medical facilities. A 12-bed hospital, financed by contributions from local residents, was constructed at Dibai in 1951. The hospital and its outpatient clinics are administered by a British physician. At the same time, plans were under discussion for the opening of a hospital at 'Ajman under the direction of a Presbyterian mission doctor. 745

The Petroleum Development (Trucial Coast) Ltd. established a dispensary with 4 beds for emergency cases in connection with its drilling operations in 1949. It not only serves the employees of the company but furnishes some of the inhabitants in the area with treatment. Members of the staff of the Arabian Mission of the Reformed Church of America, in Muscat, make occasional medical tours to the Trucial Coast, usually working from temporary headquarters at Dibai.

DISEASES

Little is known regarding the prevalence of different diseases in Trucial Oman. The reports of medical observers are fragmentary, and the only statistics available are those from the oil company dispensaries, which cover selected groups of the population seen over a space of a few years. Undernutrition and vitamin deficiencies are widespread, and are reputed to contribute to high mortality rates, particularly in young children. 164 146 165 164

Diseases Spread or Contracted Chiefly Through Intestinal or Urinary Tract

Amebic and bacillary dysentery are prevalent, as in other territories where the levels of sanitation are low and flies abundant. Typhoid fever is endemic, but epidemics are rare, since most individuals develop a 164 364

high degree of resistance as the result of repeated exposure to infection. Enteritis and diarrhea are responsible for a high mortality in infancy and early childhood.

Many persons harbor at least one species of intestinal worms. Occasional cases of tapeworm infection have been recorded, but the species was not specified. Ancylostomiasis and schistosomiasis are not known to occur.

Diseases Spread Chiefly Through the Respiratory Tract

Tuberculosis is a major problem, and, as elsewhere, the poor nutrition, the overcrowded living quarters and the unhygienic habits of the people favor the spread of the infection. Pulmonary tuberculosis apparently predominates, but other forms of the disease are frequent.

Pneumonia and influenza are prominent, especially during the winter months, when the palm thatch huts provide slight protection against the changeable weather conditions. Respiratory infections are regarded as an occupational hazard among the pearling crews.

Epidemics of smallpox are recurrent, and a large percentage of the children show pockmarks indicative of previous infection. Measles, mumps, chickenpox and other respiratory diseases of childhood are endemic.

Diseases Spread or Contracted Chiefly Through Contact

Gonorrhea is widespread, and serious complications due to local methods of treatment are said to be numerous. Syphilis is common, but the extent of infection is uncertain. Cases of soft chancre also are reported.

Trachoma is one of the most frequent diseases in this area, affecting a large percentage of the population. Trichiasis, corneal ulcers and other serious manifestations of the infection are often seen. Conjunctivitis is general; many cases probably are infectious in origin, and all undoubtedly are aggravated by the sand-laden winds.

63:Simmons et al G-5 (1941-1951) 1964
M1 Middle East
TRUCIAL OMAN MK 4

The methods of sewage disposal are primitive; the levels of sanitation, low. The standards of nutrition generally are poor, but they vary among the different population groups.

The distribution and the prevalence of specific diseases are not accurately known. Malaria, dysentery, trachoma, tuberculosis, helminthiasis, pneumonia and skin infections are prevalent. Syphilis and other venereal diseases are widely distributed. Outbreaks of smallpox are frequent. Typhoid fever, leprosy, sandfly fever, dengue fever, measles, mumps and the common respiratory infections are endemic.

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